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THIS JOURNAL IS MANUFACTURED UNDER WARTIME CONDITIONS IN CONFORMITY WITH ALL GOVERNMENT REGULATIONS CONTROLLING THE USE OF PAPER AND OTHER MATERIALS

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Bulletin of
THE MENNINGER CLINIC

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FOREWORD

LEO H. BARTEMEIER, M.D.*

Fifty years (now almost fifty-one) have passed since Breuer and Freud published their "Preliminary Communication on the Psychical Mechanism of Hysterical Phenomena." They submitted their manuscript in December, 1892, and it was printed in the *Neurologische Centralblatt* in January, 1893. The Editors of this BULLETIN have thoughtfully dedicated the present issue to the commemoration of that momentous event, the first psychoanalytic publication. Psychoanalysis might be said to have been born with the appearance of this modest but portentous paper.

Aside from the great historical significance of this event, there is a lesson in it for all psychoanalysts during these days and years of global war. This lesson is the open-mindedness of Freud which made it possible for him to sense the important implication of a colleague's work and to join with him in studying it "over a period of years." Breuer was not a specialist in mental and nervous diseases; he was a general practitioner with a background in physiology. His study and treatment of the hysteria of Anna O. was undertaken out of special considerations and was an exception to his routine medical work. The open-mindedness of Freud toward Breuer's account of his experience with this case represents a professional attitude which it would be well for us to keep in mind today and try to emulate in our relationships with our medical colleagues and with our students. It behooves us to remember that it was the collaboration of Freud with Breuer that laid the cornerstone of all subsequent psychoanalytic theory and discovery.

It is significant that today, fifty years after Freud's first paper, psychoanalysts are again working with internists and publishing papers with them, reporting on joint observations and cooperative treatment. The present development of psychosomatic medicine is the modern fruit of such collaboration between general medicine and psychiatry, particularly between internal medicine and psychoanalysis. We still have much to learn from one another and from those not identified with our specialty. We should do everything possible to foster this development, this emulation of Freud's example. There is always the tendency and the temptation for psychoanalysts to become isolated from their medical colleagues; this we should

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certainly avoid. The establishment of regularly conducted seminars which are arranged for the purpose of discussing correlations of psychoanalytic and medical findings and to which non-psychiatric medical men are invited would be a practical step in the right direction. In addition to the scientific advantages to be derived directly from such seminars, the holding of them will also help us to maintain that degree of open-mindedness which is so essential for the further development of psychoanalysis (or any other scientific specialization).

These are the special lessons for us from the first psychoanalytic cornerstone to which the Editors, at the suggestion of Dr. Ernst Lewy, president of the Topeka Psychoanalytic Society, have so fittingly dedicated the present issue of the BULLETIN.

Detroit, Michigan,
November 15, 1943.

PRESENT TRENDS IN PSYCHOANALYTIC THEORY AND PRACTICE*

By GREGORY ZILBOORG, M.D. (New York)

That psychoanalysis is going through a crisis is a persistent impression in and outside the profession. This crisis, reflected in acute dissensions and schismatic undulations, is much deeper than the intense expression of affect occasionally displayed and much more modest than the conspicuous self-assertions occurring in the disputes of recent years. Scientific issues are always deep and humble; only the individuals whom history chooses to represent them give them the coloring of egocentric, platitudinous profundity. We all agree, of course, that the true issues at stake are the only things that really matter—the only things that really endure and really affect history of thought. The recognition of this fact imposes upon us a heavy responsibility. Whatever the mode of argumentation and whatever angle of refraction our thoughts may take, that which will endure will not be the personal, affective propensities, nor even the brilliant sophistry which we contribute in good faith and with ardent abandon to the cause of imposing our own hypotheses.

May we not cast a bold and yet humble glance on the varieties of trends in psychoanalysis without those purely partisan aspersions with which our discussions are sometimes notoriously replete? I need not tell you that my "we" is purely editorial, and that no matter how corporate my thought may appear to me, it remains—as it must—purely personal. The anticipated adherents to it cannot make it less personal, nor can the anticipated dissenters make it more personal. By this I mean to convey the simple yet slightly disturbing thought that whatever any one of us has to say here has as its source only the person who says it. Yet, in so far as every one of us must draw upon his years of psychoanalytic experience and cultural, responsive living, everyone's thought is bound to be the expression of more than a purely personal need; it is bound to be some kind of synthesis of our collective psychoanalytic experience, a partial distillate yielded by the alembic of psycho-analytic experience which each one of us has accumulated, assimilated, and responded to, and brought forth as his own positive or negative contribution.

I, for one, would want to look at the present status of psychoanalysis not through a microscope, not even through field glasses which offer high magnification of particular details, but rather through inverted binoculars which offer a total view as if from a distance. The individual details may

* Read as part of a symposium on this subject at the Detroit Meeting of the American Psychoanalytic Association, May, 1943.

then appear completely lost, but the wholeness of the picture will be so much more definite and coherent. We need not really be concerned with those individual details, for they will be shed by history anyway—shed with a completeness, a thoroughness, and a relentlessness with which our most sadistic affects cannot vie. Who cares today whether Galileo was a coward or not? Who cares whether Roger Bacon was a buffoon? Or Paracelsus a self-defeatist, combative neurotic? Or Vesalius a copro- and necrophiliac, a depressed schizophrenic? And why should we care, as long as we possess the Galilean optics, the Baconian scientific method, the Paracelsian therapeutic intent of medicine, and the revolutionized anatomy of Vesalius?

What, then, *does* appear to be the essence, the dynamic meaning of the present "crisis" in psychoanalysis? It would seem to me that the heritage which Freud left in the midst of a stupendous world crisis was neither received nor accepted with good grace. The immense turmoil in which we all found ourselves from the early or middle thirties on was a part of us, as psychoanalysts, to the same extent as it was a part of us as human beings living on the brink of a crumbling civilization. As psychoanalysts our emotional participation in the first rumbling of this earthquake, and then the earthquake itself—all in a period of almost a single decade—may have been greater than that of the average scientist or medical man, and for many reasons. Economic, racial, sociological, political, and military issues came to the forefront with a stupendous onrush. The physicist or the chemist found this new volcanic atmosphere very stimulating, to say the least, but neither his knowledge nor his skill was found wanting. He not only continued his researches in the same manner, with the same methods and the same fervor; he found himself more needed and appreciated by history. His interest in certain gases, in synthetic rubber, or in the distillation of gasoline from coal remained unchanged, but he suddenly discovered how very useful he as a chemist was to living history. He could remain in the laboratory which was his temple and kingdom, and the world came to him. The surgeon, the internist, the dermatologist or opthalmologist—they all found themselves in the same enviable position as the chemist; they had more of the old work to do, and it was more needed and more valued than before the dreadful crisis shook the world.

The great involuntary migrations of men of science which Hitlerism and later the fall of France produced changed essentially very little the psychosociological position of the chemist, the mathematician, the surgeon, or the dermatologist as specialists in their respective fields. The Mendeléeff system of elements, the benzene ring, the pulmonary circulation, and psoriasis are the same the world over, and the language and terminology used in these respective fields are the same the world over—in Berlin and in Boston, in Paris and London and Chicago, in Schleswig-Holstein and

Kansas. The world crisis involves political, economic, military, technological, religious, ethnographic, and a variety of other factors, but the chemist or the surgeon or the engineer, regardless of his individual psychological peculiarities, his civic proclivities or ideological prejudices, can continue to do his work as an expert with a great sense of being needed by all those forces which suddenly came to such stormy efflorescence. The convinced communist physiologist in Moscow is vitally interested in the problem of night sight; the dyed-in-the-wool conservative or the politically disinterested physiologist in London or in New York is as vitally interested in the same problem. All willingly and cheerfully learn from one another, whether the new knowledge is obtained under the red banner of the hammer and sickle, the swastika, or the Stars and Stripes.

The case of the psychoanalyst is both different and more difficult. It is true, of course, that the laws of human psychology are the same wherever human individuals function as human beings. But how different indeed are the psychological tradition and the affective proclivities of Schiller and Ralph Waldo Emerson—of Pascal and William James and Whitehead—of Luther and Zwingli and Theodore Parker and even Ames Fisher—of Rainer Maria Rilke and Walt Whitman! There is a profound difference in the affective currents streaming from the cultural traditions of the Thirty Years' War or the Napoleonic era and those coming from the civil war in Kansas or the troubled muddy waters of the Ohio River over which floated the artillery boats of Ulysses Grant. All these differences and the cross and counter-currents of psychological languages and affective imagery cannot be forcibly ingested and assimilated in a single decade. In times of peace, of serene and leisurely studies, we were able to get together and get acquainted in Innsbruck, Oxford, and Lucerne and learn and comprehend and assimilate. In times of turmoil, history and its affective clashes are not conducive to such learning. Most psychological factors are activated to the utmost and only few are properly evaluated under such circumstances.

To this real and harsh difficulty is added another one, much less conspicuous perhaps but much more potent and crucial. We psychoanalysts were born in an atmosphere of individual therapy. In times of turmoil the individual seems to lose his immediate, direct psychosocial value; problems of greater magnitude impose themselves on men. No longer can we take our time and plod and prod as we have done before; life makes such unreasonable demands on us, as it always does, that we are tempted and urged to do things promptly, with dispatch and unfailing practical accuracy. Well, psychoanalysts just cannot do it. It is not our metier, it is not our way, and consequently we must either bow to the unreasonable demands of the historical crisis and give up our own science or confess that we cannot yet do what is demanded of us. Few of us would dare to admit the latter,

therefore many will and must succumb to a variety of expediencies. We thus enter a field of compromises and passionate rationalizations of these compromises.

A cultural crisis, particularly a crisis of world magnitude, brings into play large masses of people. Each member of a large mass of people is both an individual and a nonindividual, a particle of a mass subject to many psychological laws different from those under which he primarily functions when alone, at home. The surgeon has no need of making such a differentiation. When he has three gall bladders to take out, he takes out three individual gall bladders; when he has five thousand gall bladders to remove, he will get together with a group of other surgeons and they will take out altogether five thousand individual gall bladders. The same may be said of five or five thousand cases of malaria, five or five thousand cases of typhus. If the physician-in-chief cannot see each individual case himself, his assistants will, the pharmacist's mate will, the nurse will. The individual is never lost sight of, and medical authority can be delegated in an emergency.

The psychoanalyst cannot delegate his authority, nor can he make a brief note on a chart and be confident that the colleague who will replace him tomorrow can start from where he left off. Psychoanalysis is more individualistic than any other branch of medicine, and when a great historical crisis overwhelms the analyst and throws upon him the burden of masses which in themselves are disindividualized wholes, he must cease functioning as a psychoanalyst. But dare we admit this fact to ourselves and to others? We are prone to use our terminology more than our knowledge of man, and are tempted to create an extra individual psychology that will apply to everyone in general and to no one in particular. Such a psychology is bound to be an artifice and an abstraction—perhaps full of civic fervor but also devoid of that clinical substance on which psychoanalysis is based. All this is bound to produce a very critical situation, and it does. We find ourselves in need of becoming practical sociologists, philosophers, and ethnologists, and we are none of these things—yet. We are not yet any of these things because the point of development which psychoanalysis reached about one decade ago was a point barely touching on these fields of human endeavor. Yet historical events have suddenly issued a demand that we be specialists in these fields. Psychoanalytic sociology, psychoanalytic ethnology, psychoanalytic politics, civics or philosophy are matters of future growth, of distant future growth. This we apparently failed to realize in time, and in a state of cultural, civic frustration we became prone to evolve theoretical constructions which would enable us to pay the ransom which the historical crisis demands from us with the persistence and sadism of a blackmailer. One cannot and should not consider one's self

bankrupt merely because one is unable to pay ransom, and, unlike a human captive, a science cannot be killed when it refuses to pay ransom. It is frequently badly injured when it does attempt to force itself to make such payments.

I therefore view the present crisis in psychoanalysis neither as a bankruptcy nor as a sign of the weakness of that which we inherited from Freud, but merely as an expression of those rather fallacious but inevitable attempts to pay the ransom which our times seem to demand from us.

The various conflicting trends with which we are so familiar need not be dwelt upon in detail. Whether they stress the purely cultural, purely ontogenetic, purely physiological, purely reflexological, or purely current factors of human psychology, or whether they elaborate on the points on which Freud was allegedly or actually wrong—matters little. They are various facets of the cultural crisis in which we are all engulfed.

This does not mean that I would urge upon psychoanalysis the principle of static and uncritical orthodoxy. Just the contrary. Freud did not say the last word; he could not have and no one can or ever will, for no science has ever said the last word. But no science has ever survived or preserved its productivity if its postulates were rejected. This is true of geometry or physics as much as of psychoanalysis. The greatest discoveries or revolutions in geometry or physics never overthrew their fundamental postulates. Psychoanalysis rests on individualism, empiricism, and the inductive method. Much in the libido theory will be revised, but its fundamental postulates will remain. It cannot be substituted by deductive constructions of disindividualized sociologies, or psychophysiologies.

I do not view the sporadic trend to revise Freud in order to adapt him to the unreasonable demands of our cultural crisis as a creative or constructive trend. I hold this view not because Freud requires no reexamination and revision, but because this trend today seems primarily based on what appears to be a concerted effort to reject Freud. This emphasis on rejection should in itself appear suspicious to a psychoanalyst. I wonder whether this very tendency is also a mark of our times. A great deal can be said about this that would be cogent and fascinating to explore, but I shall limit myself to one allusion.

For nearly fifty years Freud was our teacher and master. For a period of twenty-five years he was our teacher in an atmosphere of peace and hope and almost cultural serenity. The vitality of his discoveries made us as analysts forget more quickly than others the wounds which the last War inflicted and left open, infected, unhealing, and unhealed. We were absorbed in this new science of the human mind to the neglect of many vital social and cultural interests. All the while a storm was gathering, and then it broke, and there we stood in the midst of a volcanic eruption, totally

unprepared. Psychoanalysis either had not yet reached the point of dealing with these problems or in general did not intend to deal with them any more than does surgery. Only the future will tell what actual rôle psychoanalysis is to play in solving these difficulties. The fact remains, however, that our absorption in psychoanalysis was nearly complete and psychoanalysis, Freud, did not prepare us to meet the revolutionary eruptions of which we are now victims and in which we are now participants. I wonder how much disappointment and resentment there must have arisen in us, for we paid a high price in libidinous expenditures to be a part of and workers in psychoanalysis, and we found that even Freud and this, our psychoanalysis, have not solved the very crying problems which began to rain upon us with all their sadistic harshness and relentless immediacy. I wonder whether the accent on the rejection of the fundamental postulates of psychoanalysis or on their substitution by sociological and neurophilosophical speculations is not but an ephemeral although a regrettable form of protest against our impotence before the world tragedy which is around us? We certainly might legitimately suspect that sons and daughters do rise against their father when they find themselves disappointed in that omnipotence with which they themselves endowed him in their youthful faith and frailty.

I fail, therefore, to be seriously concerned, although I do feel grieved, by the varieties of deflecting trends in psychoanalysis, or rather, in some psychoanalysts. For this rebellion against and "murder" of the father is as ineffective in science as the fantasy that causes it is unrealistic. If and when the world storm quiets down and the individual and his value are restored, the stability of psychoanalysis is bound to be accomplished, since its only source is the living individual and not disindividualized, deductive methods of thought.

PRESENT TRENDS IN PSYCHOANALYTIC THEORY AND PRACTICE*

By ROBERT WAELDER, Ph.D. (Philadelphia)

The variety of schools of thought and of unsettled controversies, even over fundamental issues, which exists in psychoanalysis—unlike the conditions in the natural sciences but similar to those prevailing in the social sciences—seems to be largely due to two factors: Psychoanalysis does not deal with an emotionally more or less indifferent subject matter (as do the natural sciences) but with the core of the personality; it "stirs too deeply the soul's unconscious springs" (Byron). Furthermore, unlike the state of affairs in the natural sciences, experimental control in psychoanalysis is very difficult to achieve, and is outright impossible for the interpretation of the individual case.

The earliest deviations from the Freudian theory were the teachings of C. G. Jung and Alfred Adler. Jung attempted to explain mental disorders, especially those of a more advanced age, in terms of regressions to a collective unconscious: men shrink back from their tasks of life, and the symbols of the collective unconscious, their racial heritage, emerge. Adler explained neurosis and character patterns as devices in the struggle for existence, i.e., as we may say today, in terms of the ego-mechanisms of dealing with external danger. Thus both Jung and Adler did away with the sexual aspect of neurosis and put less emphasis on the individual's past than did Freud. However, neither of them introduced an entirely new idea; each selected one concept of Freud's and made it the corner stone of his "new" theory. A collective unconscious was assumed in psychoanalysis in the concept of symbolism; dream elements, for the understanding of which the dreamer's life and associations furnished no clue, were considered to be symbols, common to mankind, or to the race—residuals of experiences of a prehistoric past. In a similar way, the intentional aspect of neurotic symptoms in the service of ego-purposes was known to psychoanalysis before Adler. Freud described it at some length in the case history of Dora. Incidentally, this concept was not even original with Freud but was widely accepted in pre-Freudian thinking.

Another system was then inaugurated by Otto Rank. Rank, too, concentrated on one motif of psychoanalysis, the concept of transference, and made it the basis of a new theory and technique. Treatment, with him, was no longer meant to make conscious the unconscious; it was merely to be a training in relationship. The patient should learn relationship with

* Read as part of a symposium on this subject at the Detroit meeting of the American Psychoanalytic Association, May, 1943.

another person and in this way discover his own "self" in its uniqueness. Even this therapeutic application—transference as a school of relationship—was not an entirely new concept; but that which, in psychoanalysis, was a mere accessory, became for Rank the Alpha and Omega of treatment.*

In order to appreciate the trends of the last 20 years in psychoanalytic theory and practice it may not be superfluous to recall the state of knowledge that prevailed among psychoanalysts in the early nineteen-twenties. Most analysts at that time had assimilated the concepts of the Oedipus Complex and the pregenital stages of the libido, the concepts of fixation and regression, and those of resistance and transference. Fundamental as these concepts were, and I suggest still are, they did not always seem sufficient for the understanding of the problems of neuroses or for their successful treatment. Guided by these ideas alone, analysts were sometimes inclined to make "short-circuit interpretations", i.e. to jump directly from the surface phenomena to deep interpretations in terms of unconscious drives or of an infantile situation.

Dissatisfaction with this state of knowledge and therapeutic frustration were the driving forces that led psychoanalysts to search for new answers. They searched mainly in three directions, and with time three schools of thought became more and more discernible. I shall discuss each of these briefly.

1) Some analysts thought that in order to get more complete insight and better therapeutic results one had only to penetrate deeper along the road into the unconscious and into the past. There was a kind of tacit assumption that the more remote from consciousness an impulse was, and the earlier an event or a phantasy had occurred, the greater was its pathogenetic value.

The guide along this road was Karl Abraham. His theory of the "partial objects", his attempts at subdividing the oral and anal stages and at finding the precise fixation points for every mental disorder were examples of a yet cautious application of the idea. Others—mostly analysts trained or influenced by Abraham—went farther. The most elaborate product of this line of approach is probably to be found in the writings of the British "school" of psychoanalysis as represented by Melanie Klein, Ernest Jones, and others. These authors speak of an exuberant oral sadism in the first few months of life, and of an early application of the mechanisms of introjection and projection which are looked upon as the basic ego mechanisms. They describe very early stages of projection of boundless aggression to the outside world, comparable to paranoiac conditions, and of introjection of fantastically evil objects, comparable to melancholic depressions. Mental disorders appear as the products of a fantastic struggle of good and bad internalized objects, and of their introjection and projection; and therapy

* These remarks do not apply to Rank's latest ideas which seem to differ too widely from psychoanalytic concepts to be dealt with in this paper.

consists of the breaking of a vicious circle through the introjection of a good object (analyst).

From this point of view, Freudian interpretations in terms of the emotional conflicts of later childhood, such as, for example, castration fear or penis envy, appear not as entirely wrong, but as superficial, not penetrating to the powerful fantasies of a deeper unconscious.

Freud had suggested that an adult neurosis was built over the scars of a childhood neurosis, mainly of the years from 3 to 6; we may say that the British school suggests that such childhood neurosis was yet built over a "pre-historic", quasi-psychotic condition of the first year of life.

2) Entirely different from this approach, another school of psychiatric thought is inclined to believe that psychoanalysis has devoted too much interest to the unconscious fantasies and to childhood while not studying carefully enough the patients' current lives, their rivalries, their insecurity, their cultural restrictions. This school of thought, of which Karen Horney is a representative, views man as living in an intensely hostile world, impeded or even disarmed in his self-defense by his own craving for dependence, and developing neurotic symptoms as a means of protection. As was the case with Adler, the interest of this school of thought is mainly devoted to the methods utilized by the ego to deal with external challenges. However, this second attempt at explaining neurosis exclusively through ego-psychology has assimilated much more psychoanalytic data than did the first one of Adler.

3) A third line of approach may be called more specifically Freudian. Some authors point out that psychoanalysts, for a long time occupied with the task of describing the newly discovered instinctual phenomena, worked with only a few conceptions about the ego (among them, e.g., repression). They believe that the psychology of the instinctual drives has to be supplemented by a psychology of the ego, i.e. of the integrative function. But they differ from Adler and Horney insofar as they propose to study the ego not merely in its relation to the outer world but equally in its relation to the inner world of instinctual drives, and to study in particular the interrelation between these two kinds of integrative efforts. Their favorite subject is therefore the study of the methods of dealing with external stimuli (instinctual goals, dangers) and with internal stimuli (instinctual drives, anxieties, guilt feelings).

A representative exponent of this approach is Anna Freud who, in her study of defense mechanisms, advances the proposition that man uses similar techniques in dealing with objects, in dealing with anxieties, and in dealing with instinctual drives, and that every individual has but a limited repertoire of such mechanisms.

This increased attention to and interest in ego-psychology is not meant to eliminate the concept of the instinctual drives, nor to make deeper unconscious strata, the sexual drives, or childhood experiences appear any less important. Rather it aims at a microscopic analysis of phenomena in terms of their instinct and ego components. It aims at eliminating the short-circuit interpretations in favor of an inching downward and backward from a broad basis of character study with a view to thus arriving at more exact reconstructions of unconscious fantasies and of the whole process of the neurotic career. Interpretations made from this viewpoint compare

with psychoanalytic reconstructions made in the early phases of the history of psychoanalysis as highly documented historical investigations compare with a brilliant vision of the past. The ultimate technical ideal of this ego-psychology is to actually transform the neurosis into its earlier stages, and finally into the precipitating conflicts—to roll the process of neurosis back along the road of its development.

Let us now try to survey the various schools of thought in a more systematic way. The controversies in psychoanalysis seem to be centered around a few dichotomies: 1) conscious vs. unconscious; 2) biological vs. sociological; 3) current vs. past; 4) sexual impulses vs. non-sexual impulses (i.e. self-preservation and aggression).

The Freudian position as regards these dichotomies is somewhat as follows:

The neurotic conflict is considered to be at least partly unconscious, both descriptively and dynamically. The contents of the unconscious are thought to be similar to conscious contents; they have at times been, or may occasionally still be, conscious.

The question as to the degree to which phenomena vary with cultural conditions is open to research and I know of no preference, in Freudian thought, for one or the other possibility—unless it be the insistence that culture itself is liable to analysis in terms of human psychology and external nature.

As to the third dichotomy, Freud considered current pressures and infantile carry-overs as forming a supplementary series. Among the various ways in which the past reaches out into the present, special importance is attributed to the persistence of unsettled problems of the past, especially those of childhood. The unsettled problems of our childhood have sensitized the individual, as it were, for later stimuli of a similar nature just as a photographic film, which has been sensitized by previous exposure, has its threshold for later exposures lowered.

While thus appreciating the pathogenic importance of infantile experience, the Freudian school does not hold that an experience is the more significant the younger the individual is. Rather the individual is considered to be most vulnerable in those especial periods of life in which there is the greatest discrepancy between the severity of the problems presented and his ability to meet them, i.e. in childhood in the time of the full prime of infantile sexuality (from about 3 to 6), again in adolescence, and finally in the years around the climacteric.

Finally, in the Freudian line of thought it is held that a conflict over a sexual drive is involved in every disorder even though other conflicts also participate. But it is the interference of the sexual element which is considered to be most responsible for making the conflict pathological. The

cause for this strange recurrence of the sexual motives in maladjustments may be found in the rebellious nature of the sexual drives. Self-assertive and aggressive impulses seem to be more apt to adjust themselves to adverse conditions while sexual drives tend to recur and only rarely resign.

One can try to allocate within this frame of reference the places of the various other schools. The British school emphasizes the importance of an unconscious that is conceived as being much more remote from consciousness and more different from it in its contents. Almost exclusive interest is devoted to the historic past, in particular to the first two years of life. Aggression bears the brunt of responsibility for disease and sex has been detoxified to become the desire for the incorporation of good objects. "Culturalists," for example Horney, seem by unconscious to mean something much nearer to consciousness than the unconscious of the Freudian conceptions; explanations are sought to a large extent in current problems, and hostility and dependence rather than sex appear as the troublemakers. Ferenczi, in his later ideas, agreed with most of the Freudian concepts, but he believed again in the sexual trauma as the basis of neurosis and thus put more emphasis on a later childhood period. He abided by the idea of the sexual aspect of neurosis but he considered it as introduced by the selfish adult seducer rather than as being genuine in childhood. His ideas "desexualize" psychoanalysis to some extent by assuming that the child desires only a sexual tenderness and that the sensual component of infantile sexuality is an artefact, introduced by the adult.

Various other theories which time does not permit me to discuss seem to be characterized mainly by a specific distribution of emphasis within the above-mentioned dichotomies.

PRESENT TRENDS IN PSYCHOANALYTIC THEORY AND PRACTICE*

By KARL A. MENNINGER, M.D.

This symposium provides the opportunity for some of us to formulate what seems most significant to use in the present-day trends in psychoanalysis. I am, therefore, offering my reflections upon this topic in lieu of a presidential address.

In the work of every scientist there are to be found two opposed and at the same time interactive principles. In common speech these are described as theory and practice. In traditional philosophy they are known as the principles of induction and deduction. On the one hand, there is the necessity of drawing conclusions from certain observed, collected and organized facts. On the other hand, there is not only the possibility but the necessity of constructing theories that go beyond these facts and guide us in the seeking for more facts.

Now it would seem perfectly obvious that both inductive and deductive logic must be used in the obtaining of any new truth from the mysterious storehouse of nature. Facts have to be observed, to be sure, but explanations must be hazarded which certainly will not be *entirely* correct but which will lead to further investigations which in turn lead to modifications of the explanations.

Nevertheless, although inductive and deductive thinking can be and must be combined, it is a curious observation that for one reason and another, perhaps sometimes temperamental, sometimes opportunistic, sometimes even perhaps neurotic, scientists tend to become predominantly inductive or predominantly deductive in their research techniques and to defend their lopsidedness by a psychoanalytic mechanism known as projection. The inductivists, for example, shake their heads sadly at the "metaphysical nonsense," the "mythologies," the "philosophical vagaries" of the deductivists, and the deductivists shrug their shoulders at the tubular vision and obsessive pettiness of the fanatical empiricists or inductivists.

Freud's early work was predominantly inductive; his later work predominantly deductive. Therefore, he is acclaimed by some for his earlier work, by others for his later work. On the one hand, he is described as the greatest empiricist in the field of psychology; on the other hand, it is declared to be to his abiding credit "that he was the first to help free medicine from the binding fetters of inductive science which since the days

* Read as part of a symposium on this subject at the Detroit meeting of the American Psychoanalytic Association, May, 1943.

of Francis Bacon confined its operations within the limits of naive materialism. . . . Freud actually occupies a position of defense as it were against empiricism which dominated the official science of his day."*

It does not seem to me to be necessary to align oneself either on the side of deductivism or on the side of empiricism. We need facts and we need theories. It may sound very scientific to deplore theoretical conclusions and to urge the collection of more facts but such advices are little more than trite and pretentious cliches; no good scientist can possibly avoid collecting facts any more than he can avoid formulating theories, and to argue that one is more important than another is as academic and meaningless as to argue that the key is more important than the lock or vice versa. For some of us the collection and the correlation of facts will be easier or more interesting than the application of theories to these and as yet undiscovered facts. For others of us whose daily life is a continuous round of collecting facts, the greater pleasure lies in the organization of these facts in certain frames of reference. Call them theoretical speculations, if you like; call them hypotheses; call them anything but give them their due.

To me, the most inspiring contribution of Sigmund Freud was his revised formulation of the instinct theory. Its preeminent importance lies in its wide and far reaching implications: It points to revision in our whole concept of disease; it indicates new diagnostic criteria; it suggests modifications in our treatment techniques, in our concepts of maladjustment and personality structure, in our approaches to the fields bordering on psychiatry. I think it was the final flowering of his creative genius.

It was a practical axiom of one of my psychoanalytic teachers that if the subtle and veiled aggressive intents of the patient were identified with sufficient clarity, directness and persistency, the development of the erotic life tended to follow and the neurosis to disappear. This was an intuitive application of the dual instinct theory made before Freud had systematically organized his ideas about it (or at least before they were known to us). Freud had no time, as he himself said, in which to extend his theory to the practical applications of psychiatric diagnosis, of psychosomatic diagnosis and treatment, of medical and psychiatric nosology, and many of the other things which now seem to offer such fruitful fields. For many years at our hospital we have attempted to use the implications of the dual instinct theory in the milieu treatment of psychiatric patients, both adults and children, with results that have been sufficiently gratifying in a considerable number of instances to encourage us to continue it. To find ways in which sublimations may be encouraged and aggressions disseminated

* Galdston, Iago: The Metaphysical Basis of Psychoanalysis.

through harmless or even constructive channels taxes the ingenuity of the psychiatrist far beyond the use of shock treatment and restraint straps, but it is correspondingly more in keeping with our scientific ideals, and, in the opinion of some of us, more gratifying in its therapeutic efficacy.

My old professor, Ernest Southard, shortly before his death twenty-five years ago, wrote to a good friend and later biographer of his—

"Perhaps it is in definition that I am most interested. Perhaps I believe that the world can get forward most by a clearer and clearer definition of fundamentals. Accordingly, I propose to stick to tasks of nomenclature and terminology, unpopular and ridiculous though they may be. A psychiatric dictionary (to include definitions of every near-lying psychological and philosophical term also) would do more to push mental hygiene on than any other single thing I can think of."

I am still under the inspiration of my old chief, and I am now very much impelled in the direction of working at the revision of our psychiatric and psychoanalytic nosologies. It seems to me it is time that we should have the courage of our convictions and discard old-fashioned, outworn diagnostic categories in favor of concepts which are more dynamic and more in keeping with our psychoanalytic knowledge and our psychoanalytic theories, and more closely related to the *object* of all diagnosis, namely treatment. This would be a contribution to psychiatry which, in my opinion, would be no less fundamental and no less practical than the contributions we can make to assisting in the facilitation of non-psychoanalytic psychotherapy and other recent trends. Similarly it would be a contribution to psychosomatic medicine which, while less dramatic than the dispelling of symptoms and the curing of individual cases by painstaking techniques of various kinds, would tend to align us more usefully with the medical profession generally, and to correlate our vision and experience with theirs.

In addition to classification, I am greatly interested in the *philosophical* implications of the instinct theory. The need of psychiatric counsel in the planning for a post-war world is one which throws a responsibility on psychiatrists and psychoanalysts whether they choose to accept it or not. I have tried to speak for all of us in my book *Love Against Hate;* perhaps I was presumptuous. But I believe we psychiatrists should come out squarely and courageously for hedonism and lend the support of our convictions and experience to the bewildered, fearful and hate-inspired peoples of the world. With Rebecca West, "I take it as a prime cause of the present confusion of society that it is too sickly and too doubtful to use pleasure frankly as a test of value." With her, too, I believe that "we need no further argument in favor of taking pleasure as a standard when we consider the only alternative that faces us. If we do not

live for pleasure we shall soon find ourselves living for pain. If we do not regard as sacred our own joys and the joys of others, we open the door and let into life the ugliest attribute of the human race, which is cruelty . . . the root of all other vices."

This I think is a message which we, as psychiatrists and as psychoanalysts, can and should give to the world. Important as it is for us to offer the succor of our specialized techniques to the suffering individuals that file through our consultation rooms, it is infinitely more important to offer what we can to those far more numerous sufferers who are either not sick enough or not fortunate enough to be able to consult us. To these we owe it and also to those who cannot consult us because they are too young or perhaps not yet even born. For them the implications of psychoanalytic theory are more important than the techniques of psychoanalytic practice. Ultimately, education is more important than therapy, not only because it can be applied to more people, but because in effect it is prophylactic. The time will come when the study of the child and of the threats to his development will be recognized, not as a pretty little hobby for a few earnest missionaries and weary pedants but as a task equal in importance to the directing of a railroad or the compounding of new poisonous gases. If we psychoanalysts, who daily have the evidence before us, do not see this and believe it, how can we expect others to do so?

THE SIGNIFICANCE OF A MISSED DIAGNOSIS

By RICHARD STERBA, M.D. (Detroit)

The following segment of an analytic case history seemed worthwhile reporting because of its professional interest. The deepest motives of the patient's symptoms were not recognized until long after they had disappeared. The patient, a physician, had developed such a personal interest in psychoanalysis and had so recognized the importance of further analysis for the understanding of his own patients and for the development of his personality that he continued his analysis to the end, although the symptom which had forced him into analysis had practically disappeared during the first year of treatment. He stayed in analysis for two years more. Only at the very end of his third year of analytic treatment was much of the material connected with the formation of his symptom brought to consciousness.

The patient came to analysis because he had recently suffered from anxieties which disturbed him to such an extent that he could hardly carry on his practice. Any of the more difficult problems with his patients, any complicated diagnosis, minor operations and particularly an obstetrical case threw him into a panic. He had to seek the mental help of physician friends, avoided patients with whom he expected difficult problems and thus saw his practice shrinking. This condition had lasted for half a year when someone advised him to undergo an analysis.

The incident leading to the outbreak of the neurosis was a professional negligence of which he had been guilty. He had been called to see a child who had a high temperature. He examined the boy, but neglected to look at his ears. He could find no cause for the child's condition, made a diagnosis of influenza without symptoms and medicated him accordingly. The following day the mother called up the physician and told him that she had gone to an ear specialist because the child had complained of pains in his ear. The specialist had found an acute infection of the middle ear and had punctured the ear-drum. Quantities of pus had come out of the ear, the child was relieved of the pain and the fever fell soon after. The mother sounded reproachful and did not ask the doctor to come again. He knew that he had lost the family as patients. He felt extremely guilty, reproached himself bitterly for his negligence, called himself a poor doctor, expected to lose all his patients and from then on developed increasing anxiety.

It was easy to recognize from the analytic material that the patient's anxiety arose mainly from the unconscious part of his relationship to his

father, and not to this single professional slip. But the analytic discovery of this relationship met with great resistance. We are used to meeting resistances when we try to undo the repression which has taken place in early childhood. This repression was established for good reasons. These reasons are of an emotional kind and consist in painful experiences, anxieties and feelings of guilt and shame which the child goes through while growing up. These painful experiences are, after all, the same means that we use in education when we try to make our children give up undesirable activities and tendencies. Originally caused by the parental authorities, these painful affects are soon produced automatically when the moral demands of the surroundings have been incorporated into the mind through the process of super-ego formation and they continue the educator's influence on the child. These unpleasant memories and feelings are re-awakened in psychoanalysis when we try to bring back to consciousness the unwanted desires which have been checked by them. They cause resistances against the progress of our uncovering therapeutic work during analysis.

The most intense strivings of childhood are the desires of the Oedipus complex, consisting of sexual yearnings for the parent of the opposite sex and hostile, destructive wishes against the parent of the same sex. In the male child these are repressed mainly through anxieties which are connected with his sexual organ. The Oedipus tendencies find their physical expression in infantile masturbation. When the parents find out about this masturbation they are very much concerned about it and try to make the boy give it up as quickly as possible. The means they use for this purpose is the arousal of anxiety again by threats uttered against the little boy's penis, such as that they will cut it off or that it will rot away if he continues to masturbate. The little boy estimates his organ very highly on account of its pleasure value, approximately as highly as we adults value our eyes, and he makes great efforts under the influence of this castration anxiety to give up his masturbation and his Oedipus wishes. Castration anxiety is one of the most important pathogenic factors in the neurosis of the male individual. It is often psychologically enforced by traumatic experiences during the Oedipus phase, as, for example, operations, accidents, or observations of cruel and destructive acts.

Castration anxiety was the main source of the resistance in our physician's analysis. It could be recognized in the intensity with which he avoided the issue that hostility against his father was one of the most important motives of his neurosis. This castration anxiety centered around an accident which had occurred when he was five years old. He had been struck on the head by his father's horse and had been knocked unconscious.

On the other hand, guilt feelings also contributed much to this resistance. The father had been an extremely kind man who had always worked very

hard in order to provide for his family, which consisted of his wife and seven children. The patient was the second child, with a sister several years his senior. All his memories of his father were of a pleasant kind; the father had twice almost sacrificed his own life in order to save the son when he was in mortal danger. One incident he remembered very clearly. At the age of three he was in his father's carriage when the horses ran away. The father was almost run over by the horses when he threw himself in their path in order to stop them and to save his son. For a long time no antagonism against the father could be discovered because his guilt feelings and anxiety prevented this. The father had died of a cerebral hemorrhage some time before the outbreak of the neurosis.

It required extreme patience on the part of both analyst and patient to allow the hate of the father to come to full expression in the analysis. It was possible to recognize this hate or, rather, to infer it indirectly from the material which he related after half a year's analysis. At the begining of the neurosis he had developed extreme hatred against one of his colleagues, who had the same first name as the son of his older sister. For some time the hatred seemed merely to be caused by jealousy of his sister's child, but gradually it was seen that this hostility was an expression of his unconscious hatred of his father. The jealousy flared up particularly when he discovered that the other physician had an obstetrical case. It could easily be inferred that the jealousy was in reference to his own mother's children, begotten by the father. But only toward the end of the second year of his analysis was he able to express a more open aggression against this father substitute. He once met this colleague in the hospital, where the latter had just delivered a woman of a baby. He could hardly refrain from expressing his rage that "the son of a bitch" should have another obstetrical case. But he had to counteract immediately his own outbreak of rage against the father substitute: he dreamed the following night that he shook hands with his father; this was the first time that his father appeared undisguised in a dream. About this time the patient dreamed of "many dead Rhônian rabbits in an alley", thus expressing his death wishes against his younger siblings. His family came to this country from a little village on the Rhone river in France. He was unable to display any further open hostility toward his father for several months.

The dream about shaking hands with the father occurred at the beginning of the third year of the analysis. It demonstrated the patient's difficulties in bringing out his hatred of his father. Even when this hatred was directed against a substitute figure he was obliged to atone for it by a dream in which he expressed friendliness toward his father. Finally, a dream occurred which showed his resentment against his father, although still in an indirect fashion. He dreamed "that he was pushing a boat with

two women in it upstream, so that they should glide away and land at a safe place." The analysis showed that this dream referred to his very early childhood. The father had come to this country when the patient was only six months old. His mother had remained behind with the children in Europe until the father had made enough money for his wife and children to come to America. The patient was two and a half years old when the family joined the father and the little boy resented very much the father's intrusion into his love relationships with his mother and sister. The dream shows his tendency to save the women from the father: he pushes the boat to a safe place and at the same time back against the current of time.

The final revelation of his patricidal tendencies was brought out only at the very end of his analysis when the patient had decided to apply for a commission in the army. Shortly before he left for the army he dreamed that he "thrust a bayonet repeatedly through a wooden door which was stuck full of rifle shells." The assumption was that there were soldiers tied on the inside of the door. When the door was opened he saw that he had killed an old man who lay in a pool of his own blood. The analysis showed by the associations to the dream that it referred to nightly observations which he made after he and his mother and sister had come to this country and joined the father. Since he had lived in poor conditions he had slept with his parents until he was six years old and had every opportunity to observe parental intercourse. He also observed his mother's menstruation and her pregnancies. He understood the parental intercourse as nightly attacks on the part of the father against the mother. He thought that the father injured the mother as well as the children in her abdomen through intercourse (the bloody bayonet, the soldiers tied to the inside of the door); he reacted with violent hatred against the father, which was early repressed through guilt and anxiety. The numerous observations of parental intercourse are represented in the dream by the numerous rifle shells in the door. The dream shows his reaction of hatred to the nightly observations. In this dream he reversed the father's position in order to take revenge on him. The dream demonstrates this clearly: the children are not injured inside the mother by the father's penis, but the father is placed in the position of the children inside the door. The door can be recognized as a symbol of the mother's genital entrance; thus he kills his father with his bayonet; at the same time he achieves illusory intercourse with his mother. His own head injury is linked up with the same fantasy. It may be remembered that his father died of a "*brain stroke*," and that this fact gave the patient the opportunity to produce unconscious fantasies of revenge for his own head injury as a child, through his father's horse.

Some additional material was furnished by a short outbreak of anxiety which the patient developed the day after the dream, when he had to punc-

ture a child's ear-drum for otitis media. His hand shook so much from excitement that he could hardly hold and guide the lancet. But he accomplished the little operation successfully and felt relief immediately afterwards. In the following analytic hour when he reported this incident he recalled that as a child he had heard that his father was born with a veil, that is, with the amniotic membrane adhering to his head. It was then clear that piercing the membrane of the ear with the lancet represented for him an attack on the father's veil, and that his anxiety related to a fear-wish of injuring the father's head behind the membrane. This injury would have been done in revenge for what he imagined his father had done to the children in the mother's womb behind their amniotic membranes, a revenge which is so well demonstrated in the dream where he thrusts the bayonet through the door and kills his father.

The patient's anxiety hysteria had become manifest when he neglected to examine a child's ear shortly after his father's death. He actually had suspected that the child had otitis media, but repressed his suspicion in order not to be forced to have to puncture the child's ear-drum. The repression was incomplete, however, and did not serve to conceal the anxiety connected with the deeper meaning of the parcentesis. The real reasons for this anxiety were only fully understood at the end of an analysis which, of course, was directed not to the theoretical elucidation of this point but to the resolution of the unstable emotional constellations of the patient which made him subject to such episodes of apparently irrational anxiety. These, as has been indicated, proved to be referable to unassimilated childhood situations of the usual sorts.

CURRICULUM ANNOUNCEMENT OF THE TOPEKA PSYCHOANALYTIC SOCIETY AND INSTITUTE

It is probably only because of the drama of current events that no one has publicly called attention to the semi-centennial of the publication of the first psychoanalytic paper.

In our opinion it is particularly fitting at this time to remember a date which marks a great step in the forward march of cultural achievement. It does not detract from the appreciation of the bloody efforts which are necessary at present (and of supreme importance) if one stops for a moment to think and to be proud of and thankful to those whose intellectual and moral efforts made those peaceful and permanent achievements possible.

It is for this reason that the Topeka Psychoanalytic Society is trying to do more than remember this anniversary in word and print. In spite of war-time difficulties, the Topeka Psychoanalytic Society and Institute are continuing to train physicians in psychoanalysis and to spread the knowledge of psychoanalysis.

The teaching schedule of the Topeka Psychoanalytic Institute in its Kansas and California branches for the next two quarters (January through June, 1944) follows.

ERNST LEWY, M.D., *President.*

COURSES GIVEN IN TOPEKA

Case Seminar: Clinical Conferences, Series I: Group Control. (Candidates presenting cases).
KARL A. MENNINGER, M.D.
Every Wednesday 6:30–7:30 p.m., and
Saturday 9:30–11:00 a.m. (January 22, February 26, March 25, April 22 and June 24).
33 hours.

Seminar: Freud's Writings.
ERNST LEWY, M.D.
Saturday 8:00–9:30 a.m. (January 22, February 26, March 25, April 22 and June 24).
Wednesday 9:15–10:45 p.m. (January 12, February 2, February 16, March 8, April 5, May 10 and June 14).
18 hours.

Didactic Case Seminar: Clinical Conferences, Series II. (Training analysts presenting cases)
KARL A. MENNINGER, M.D.
ROBERT P. KNIGHT, M.D.
ERNST LEWY, M.D.
Saturday 11:00 a.m.–12:30 p.m. (January 8, January 22, February 12, February 26, March 11, March 25, April 8, April 22, May 6, May 20, June 10 and June 24).
18 hours.

Case Conferences: The Application of Psychoanalysis to the Study of Psychiatric Problems and of the Psychoses.
KARL A. MENNINGER, M.D., AND ROBERT P. KNIGHT, M.D.
1 hour semiweekly, Tuesdays and Thursdays 1:00–2:00 p.m.
48 hours.

Supervision of Psychoanalyses (Controls). By Appointment.
ROBERT P. KNIGHT, M.D.
ERNST LEWY, M.D.
KARL A. MENNINGER, M.D.

Special Lectures:

(1) The Scientific Methodology of Psychoanalysis. (Winter Quarter)
DAVID RAPAPORT, PH.D.
Wednesdays 1:00–2:00 p.m. through February.
5 hours.

(2) Psychological Testing and Ego Psychology. (Spring Quarter)
DAVID RAPAPORT, PH.D.
5 hours.

(3) Principles of Psychoanalysis. (In conjunction with the Menninger School of Psychiatric Nursing)
DRS. KARL MENNINGER, ROBERT P. KNIGHT, ERNST LEWY, ELISABETH R. GELEERD, MERTON M. GILL AND FREDERICK J. HACKER.
1 hour weekly during March, April and May, Monday 1:00–2:00 p.m.
12 hours.

GUEST LECTURERS:

Ernst Simmel, M.D., Los Angeles, California.
Robert Waelder, Ph.D., Philadelphia, Pennsylvania.
Frieda Fromm-Reichmann, M.D., Rockville, Maryland.
Phyllis Greenacre, M.D., New York City.
Frank Fremont-Smith, M.D., New York City.

COURSES GIVEN IN LOS ANGELES

Seminar: Case Histories.
OTTO FENICHEL, M.D.
Twice monthly.

Seminar: Clinical Conferences.
ERNST SIMMEL, M.D.
Once monthly.

Seminar: Literature.
OTTO FENICHEL, M.D.
Once monthly.

Seminar: For Social Workers.
DAVID BRUNSWICK, PH.D.
Once monthly.

Seminar: Educational.
DAVID BRUNSWICK, PH.D., AND MARGARET MUNK

GUEST LECTURERS

Lectures for Teachers: Application of Psychoanalytic Concepts to Education.
SIEGFRIED BERNFELD, PH.D., AND ANNA MAENCHEN, PH.D.

COURSES GIVEN IN SAN FRANCISCO

Seminar: Technical, Combined with Clinical Conferences.
SIEGFRIED BERNFELD, PH.D.

Seminar: Freud's Clinical Writings.
BERNHARD BERLINER, M.D.

Seminar: Special Theory of Neuroses with Discussion of Cases.
EMANUEL WINDHOLZ, M.D.

Seminar: Selected Problems of Child Guidance. (Winter Quarter)
ANNA MAENCHEN, PH.D.

Seminar: Comparative Analysis of Play and Dream. (Spring Quarter).
ERIK H. ERIKSON

GUEST LECTURERS

Seminar: Theory and Technique of Dream Interpretation.
ERNST SIMMEL, M.D.

Seminar: Problems of Psychoanalytic Technique.
OTTO FENICHEL, M.D.

LECTURES OPEN TO CANDIDATES

In conjunction with:

(1) Mount Zion Hospital, Psychiatric Clinic.
Psychoanalytic Psychiatry.
JACOB KASANIN, M.D.
Psychoanalytic Child Guidance.
ERIK H. ERIKSON.

(2) University of California, Extension Division.
Emotional Development in Childhood.
SIEGFRIED BERNFELD, PH.D.
(Continued through January, 1944)

(3) University of California, Department of Social Welfare.
Behaviour Disorders of Children.
ANNA MAENCHEN, PH. D.
(February through June, 1944)

(4) Jewish Committee for Personal Service.
Psychoanalysis of Initial Psychoses.
EMANUEL WINDHOLZ, M.D.

For further information concerning training activities in Topeka, address Dr. Ernst Lewy, 3617 West Sixth Avenue, Topeka, Kansas.

For further information concerning training activities in California, address Dr. Ernst Simmel, 555 Wilcox Avenue, Los Angeles, California.

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BOOK NOTICES

Psychosomatic Medicine. By EDWARD WEISS and O. SPURGEON ENGLISH. Price $8.00. Pp. 687. Philadelphia, W. B. Saunders Co., 1943.

Weiss and English have done an excellent job in filling a gap that has been yawning ever more widely in medical literature. They have furnished the general practitioner—and the specialist too—with a textbook on psychosomatic medicine that is clear, readable and complete without being unduly technical or ponderous. The first two and the last four chapters deal with the general problems of psychosomatic medicine, personality development and psychopathology, psychotherapy, special psychiatric therapeutic procedures, and training in psychosomatic medicine. The rest of the book deals with special psychosomatic problems under the headings of the various organ systems, metabolism, special senses and special topics such as allergy, dentistry and arthritis. There are 70 case histories which not only illustrate the various conditions described but also include descriptions of the therapeutic procedures used. Careful reading of these case histories will be of great aid to the general practitioner because they give in detail the procedure followed, point out many prevalent misconceptions and emphasize psychosomatic diagnosis by positive psychiatric study as opposed to diagnosis by exclusion. The authors effectively demonstrate their thesis that psychosomatic medicine is not a new form of medicine but a return, with increased understanding of both psyche and soma, to medicine as it was before specialization, when the individual was studied as a person, not as a collection of organs. (M. G.)

Leadership and Isolation. By HELEN HALL JENNINGS. Price $3.00. Pp. 240. New York, Longmans, Green & Co., Inc., 1943.

The author reports upon a well designed and carefully executed sociometric study. Having had a share in the original development of the sociometric technique Doctor Jennings is eminently qualified for such a task. The book represents an attempt to utilize sociometrics for the study of individuals, and thus deserves special attention from psychologists and psychiatrists. Findings are significant and revealing as to what constitutes the leadership or isolation within a group, but the discussion of the findings is somewhat narrow and superficial. The statistical results are supplemented with data describing the personalities of both leaders and isolates, which adds greatly to the general interest of the book. Probably the most important sociometric study since Moreno's *Who Shall Survive?* (S. E.)

Infant and Child in the Culture of Today. By ARNOLD GESELL AND FRANCES L. ILG. LOUISE B. AMES AND JANET LEARNED, collaborators. Price $4.00. Pp. 399. New York, Harper & Brothers, 1943.

This book gives a detailed description of the behavior of the young child at each level of development and shows that this development follows a definite predetermined pattern. Changes in behavior are a normal phenomena of growth. The suggestions of keeping the newborn baby in the hospital room with the mother and letting the baby regulate its own feedings are excellent, as are those for the guidance of the nursery school.

This reviewer does not agree at all with the advice on the handling of bowel training and also regrets that psychoanalytical concepts were not taken into consideration in this book. (E. R. G.)